

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3

Applicant(s): KONDO et al.

Atty. Dkt.: 01-232

Serial No.: 09/986,458

Group Art Unit: 2875

Filed: November 8, 2001

Examiner: Unknown

Title: AUTOMATIC HEADLIGHT AXIS
DIRECTION CONTROL FOR
VEHICLES


Assistant Commissioner for Patents
Washington, D.C. 20231

Date: January 18, 2002

CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on January 18, 2002.

Typed Name: DAVID G. POSZ

Signature: 

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Assistant Commissioner for Patents
Washington, D.C. 20231
Attention: Box Missing Parts

Sir:

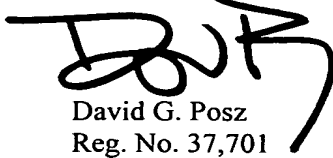
This is in response to a Notice to File Missing Parts of Nonprovisional Application mailed on November 26, 2001 in connection with the above application. Enclosed is a copy of said Notice, as well as the following documents and fees required to complete the filing requirements of the above application.

- Executed Declaration and Power of Attorney. The above-identified application is the same application the inventors executed by signing the enclosed declaration
- Executed Assignment and Recordation Cover Sheet
- A check in the amount of \$910 to cover the following fees:
 - Statutory filing fee of \$740;
 - Assignment Recordation Fee of \$40; and
 - Missing parts surcharge of \$130.

It is respectfully requested that any additional fees be charged to Deposit Account 50-1147.

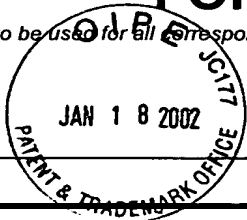
Office of David G. Posz
Street, N.W.,
on, D.C. 20036
1638

Respectfully submitted,


David G. Posz
Reg. No. 37,701
Customer No. 23400

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Application Number	09/986,458
Filing Date	November 8, 2001
First Named Inventor	KONDO et al.
Group Art Unit	2875
Examiner Name	
Attorney Docket Number	01-232

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Declaration and Power of Attorney</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Office of David G. Posz
Signature	
Date	January 18, 2002

CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to and deposited with the Office of Initial Patent Examination at the United States Patent Office on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

Type or printed name	David G. Posz		
Signature		Date	January 18, 2002

FREE TRANSMITTAL **for FY 2002**

JAN 18 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**910**

Complete if Known

Application Number **09/986,458**
Filing Date **November 8, 2001**
First Named Inventor **KONDO et al.**
Examiner Name
Group/Art Unit **2875**
Attorney Docket No. **01-232**

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1147**

Deposit Account Name **LAW OFFICE OF DAVID G. POSZ**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 740)

2. EXTRA CLAIM FEES

		Extra Claims		Fee from Below		Fee Paid	
Total Claims	10	-20**=	0	x	18	=	
Independent Claims	2	-3**=	0	x	84	=	
Multiple Dependent						=	
**or number previously paid, if greater; For Reissues, see below							
Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description			
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim, if not paid			
109	84	209	42	**Reissue independent claims over original patent			
110	18	210	9	**Reissue claims in excess of 20 and over original patent			

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	130
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1440	218	720	Extension for reply within fourth month	
128	1960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$ 170)**

SUBMITTED BY

Name (Print/Type) **DAVID G. POSZ** Registration No. (Attorney/Agent) **37,701** Telephone **(202) 416-1638**

Signature 

Date **JAN 18, 2002**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/986,458	11/08/2001	Kondo	01-232

CONFIRMATION NO. 5073

23400
LAW OFFICE OF DAVID G POSZ
2000 L STREET, N.W.
SUITE 200
WASHINGTON, DC 20036

FORMALITIES LETTER



OC00000007117811

Date Mailed: 11/26/2001



NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 870.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

01/24/2002 EABRAHA1 00000009 09986458

01 FC:101 740.00 OP
02 FC:105 130.00 OP